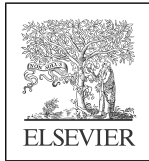




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Maximizing the academic nursing model in the era of COVID-19 and beyond

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The COVID-19 pandemic is forcing health care clinicians to take an honest look at the current system and its infrastructure. As health care systems are in crisis and the public's health needs remain unmet, we need expert nurse scholars with contemporary nursing experience fully partnered with health systems now more than ever. The goal of this paper is to revisit the 2016 American Association of Colleges of Nursing (AACN) academic nursing position statement ([American Association of Colleges of Nursing, 2016](#)) associated with health care reform, and reimagine it as a means to maximize nursing's contribution to global health crises like COVID-19.

The impetus for the AACN position statement was the passage of the Patient Protection and Affordable Care Act in 2010, which required health systems to rapidly innovate to remain financially viable. Academic nurses were sought for needed expertise, however schools of nursing have, at times, struggled to partner with health care systems beyond clinical training. The report, *Advancing Healthcare Transformation, A New Era for Academic Nursing* highlights the potential for schools of nursing to meet the needs of students, the public, and health systems during a time of rapid health care change. The report also identifies structural barriers that inhibit academic nursing transformation; these barriers include tuition-dependent funding, little possibility of generating faculty clinical income, and no formal funding from health systems targeted toward nursing ([American Association of Colleges of Nursing, 2016](#)). While the report suggests that a new model should include enhancing the clinical practice of academic nursing, partnering in health care reform implementation, investing in nursing research, and integrating nursing research into health systems ([American Association of Colleges of Nursing, 2016](#)); limited progress has been made toward this vision. The previously identified barriers remain, limiting academic nurses' participation as full partners, leaders, and innovators in the clinical realm.

Now, more than ever, the COVID-19 pandemic accelerates the need to embrace a new vision for academic

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nursing. Academic nurses must partner within the clinical setting to improve care and implement best practices in these rapidly changing times. Academic nurses could be leveraged in the following ways:

1. rapidly evaluate and move evidence into practice
2. inform crisis-related research and planning agendas
3. create new strategic partnerships that would enhance and expand clinical resources
4. generate new nursing knowledge.

The new vision we outline underscores the augmentation of nursing leadership resources in clinical practice and health care delivery. Despite the first recommendation in the AACN report to enhance the clinical practice of academic nursing, currently, maintaining a clinical practice is not encouraged. Many nurses who pursue a research career have made the difficult decision to step away from clinical practice in order to carry out research. For academic nurses to embrace a new model, nurses who desire a clinical practice need support from their school, profession, and opportunities in health systems that may be unconventional. Many academic nurses who have successfully navigated clinical practice and academic nursing have done so on their own time (e.g., working clinically on the weekends, evenings, and summers), in addition to their full-time faculty roles. The new academic nursing model needs to value scholarship and clinical practice, as desired by the nurse scholar for all faculty.

Ushering in a new vision for academic nursing during a global pandemic also means capitalizing on nursing's strength in population health. The depth and breadth of nursing knowledge related to population health is perhaps one of the profession's greatest assets. Nursing's traditional tripartite mission of teaching, conducting research, and service to the community also includes a commitment to health equity and the reduction of health disparities (Swartz, 2014). During times of public health crisis, academic nurses must be poised to work with multidisciplinary teams and use a nursing lens to evaluate issues that are negatively impacting the community, such as lack of resources, access to care, environmental determinants of health, and public policy (Ariosto et al., 2018). Building on AACN's original vision in the context of a public health crisis, a new era of health systems partnering with academic nurses will help ensure health equity and improve the health of the population.

A fundamental culture change in academia is necessary to enhance flexibility and to facilitate the inclusion of clinical practice of all kinds, regardless of faculty "track." Changing the current model will require addressing the various structural and systematic barriers which often center on funding and finances. While clinical nursing practice may not bring in the same revenue as externally funded research, the benefits of engaging in clinical practice likely would pay dividends in grounding research in contemporary practice issues. Creative ways to account for and value tenure track faculty members'

time working in the clinical environment need to be developed. Most nursing schools and affiliated health systems have separate organizational structures, and nursing roles typically do not bill them directly for services. Alternative methods of reimbursing schools for faculty clinical time and creating a reciprocal benefit for health systems that integrate nurse scholars clinically must be generated. Another possible solution would be to consider more flexible academic appointments. Many nursing faculty have 9-month appointments – teaching during the academic year and often conducting research/writing over the summer. If faculty desired a clinical practice as part of their faculty role, a 12-month appointment may be appropriate to allow for greater flexibility to conduct research, clinical practice or teach. Similarly, health systems would then need to be flexible in maximizing the faculty contribution during the summer.

The benefits of a new academic nursing model to the public and our profession are readily apparent. During the current COVID-19 crisis, the previously cited structural barriers have been temporarily lifted to more easily allow nurse faculty to be actively engaged with health systems in clinical practice. As a result, academic nurses are assisting health care systems and local governments with COVID preparations; leveraging our expertise and teaching skills to lead and support non-Intensive Care Unit (ICU) nurses in caring for COVID ICU patients, serving as clinical staff for newly developed field hospitals, and expanding hospital bed capacity. We are becoming more integrated with health care leaders to lead infection prevention and epidemiologic studies that mitigate risk for clinicians and patients, augmenting clinical leadership, and supporting caregivers and family members of sick patients when the system's nurse leaders are overwhelmed and overworked. It should not take a global crisis for this to occur. Academic nursing must transform its model to leverage the skills and benefits that academic nurses have as clinicians, leaders, and as scientists to meet evolving public health needs. We must increase flexibility in academic nursing models to be inclusive of clinical practice for all faculty. Persisting with the antiquated models will fall short of meeting the needs of the public and waste the opportunity to highlight the incredible contributions that nursing can make. AACN must advocate for the implementation of a new vision for academic nursing that is clearly needed to improve health outcomes. The public cannot wait; the time to usher in the new era of academic nursing, is now.

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Supplementary materials

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